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FILED

UNITED STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF ILLINOIS

Fill in this information to ide	ntify your case:	MAR 09 2016		
United States Bankruptcy Cou	rt for the:	_		
Northern District of Illinois	lacksquare	JEFFREY P. ALLSTEADT, CLERK		
Case number (If known):	Chapter you are filing under: Chapter 7 Chapter 11			
	Chapter 12 Chapter 13	Check if this is an amended filing		
Official Form 101				
Voluntary Pet	ition for Individuals Fi	ling for Bankruptcy 12/15		
the answer would be yes if eith Debtor 2 to distinguish betwee same person must be Debtor 1 Be as complete and accurate as	ner debtor owns a car. When information from both the second of the spouses must reprint all of the forms. In joint cases, one of the spouses must reprint all of the forms. In possible, if two married people are filing together seeded, attach a separate sheet to this form. On the	prize to couple may file a bankruptcy case together—called a pith debtors. For example, if a form asks, "Do you own a car," about the spouses separately, the form uses Debtor 1 and cort information as Debtor 1 and the other as Debtor 2. The r, both are equally responsible for supplying correct top of any additional pages, write your name and case number		
Part 1: Identify Yourself				
Your full name	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
Write the name that is on your government-issued picture identification (for example,	Justin First name	First name		
your driver's license or passport).	Middle name			
Bring your picture identification to your meeting	Goins Last name	Middle name Last name		
with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)		
. All other names you	None			
have used in the last 8 years	First name	First name		
Include your married or maiden names.	Middle name	Middle name		
	Last name	Last name		
	First name	First name		
	Middle name	Middle name		
	Last name	Last name		
0.1011				
Only the last 4 digits of your Social Security	xxx - xx - <u>2</u> <u>1</u> <u>4</u> <u>9</u>	XXX XX		
number or federal Individual Taxpayer	OR	OR		
Identification number	9 xx - xx	9 xx xx -		

3.

(ITIN)

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De	ebtor 1	Justin First Name Middle	Goins Name Lasi Name	Case number (if known)
		Wilder Wilder	Last Name	
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	and Em Identific (EIN) yo	ation Numbers u have used in	☑ I have not used any business names or EINs.	☐ I have not used any business names or EINs.
	the last	8 years ade names and	Business name	Business name
doing business as names			Business name	Business name
			EIN	EIN
			EIN	EIN
5.	Where y	ou live		If Debtor 2 lives at a different address:
			1426 S Cicero APT 20 \ Number Street	Number Street
			Chicago IL 60804 City State ZIP Code	City State ZIP Code
			Cook County	County
			If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
			997 S Lorraine Road 1-H	
				Number Street
			P.O. Box Wheaton II 60189	P.O. Box
			Wheaton IL 60189 City State ZIP Code	City State ZiP Code
. V	Nhy you his distri	are choosing ct to file for	Check one:	Check one:
bankruptc			Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
			I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C, § 1408.)

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D	ebtor 1	Justin First Name Middle N	lame	Goin Last Name	IS	-	Case number	(if known)		
	Part 2:	Tell the Court Abo	out Your	Bankeun	itry Caeo					
				Sanki up	icy case					
7.	Bankrı	apter of the uptcy Code you	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	are che under	posing to file		Chapter 7						
***************************************		☐ Ch	Chapter 11							
			Ch.	apter 12						
			Cha	apter 13						
8.	How yo	ou will pay the fee	you	rself, you mitting yo	л тюге details abo л may pay with cas	out now you r sh, cashier's o	nay pay. Typica check. or mone	heck with the clerk's office in your ally, if you are paying the fee yorder. If your attorney is yorder, a credit card or check		
			⊠Ine App	ed to pay	y the fee in insta l or Individuals to Pa	llments. If yo ay The Filing	ou choose this o Fee in Installm	ption, sign and attach the ents (Official Form 103A).		
			less pay	than 150 the fee ir	of the official parties in the installments). If y	required to, v overty line thi rou choose th	waive your fee, at applies to you nis option, you n	otion only if you are filing for Chapter 7. and may do so only if your income is our family size and you are unable to must fill out the Application to Have the twith your petition.		
9.	Have yo	you filed for uptcy within the years?	⊠ No							
	last 8 ye		Yes.	District _		When	N. / D. /	Case number		
				District _		When		Case number		
				District		When		Case number		
0.	Are any	bankruptcy	☑ No							
	filed by	ending or being a spouse who is	Yes.	Debtor				Relationship to you		
	not filing you, or t	g this case with by a business , or by an		District		When		Case number, if known		
				Debtor				Relationship to you		
				District		When	MM / DD / YYYY	Case number, if known		
1. i	Do you n residenc	ent your e?		No. Go	landlord obtained an ? o to line 12.	eviction judgn	nent against you a	and do you want to stay in your Against You (Form 101A) and file it with		

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Debtor 1	Justin First Name Middle N	ame	Goins Last Name		Case	: number (if know)	n)	
Part 3:	Report About Any	Busines	sses You Own as a	Sole Propr	ietor			
12. Are y	ou a sole proprietor	· 🛭 No	. Go to Part 4.					
busin	y full- or part-time ess?	☐ Ye	s. Name and location of	business				
A sole	proprietorship is a							
individ	ss you operate as an ual, and is not a te legal entity such as		Name of business, if any	1				
a corpo	pration, partnership, or		Number Street					
if you h	nave more than one oprietorship, use a		- Gueer					
separa	te sheet and attach it							
to this j	petition.		City			State	ZIP Code	
			Check the appropriate	box to desc	ribe your business	ı;		
			Health Care Busin					
			☐ Single Asset Real					
			Stockbroker (as de					
			☐ Commodity Broker	(as defined	in 11 U.S.C. § 101	(6))		
			☐ None of the above					
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? If you are filing under Chapter 11, the court must know whether you are a small business debtor, you indicate that you are a small business debtor, you in most recent balance sheet, statement of operations, cash-flow statement, and federal includes any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).						debtor, you must attach your		
	finition of small		I am not filing under Ch					
11 U.S.(s debtor, see C. § 101(51D).	Ŭ No.	 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. 					
		☐ Yes.	I am filing under Chapte Bankruptcy Code.	er 11 and I a	m a small busines	s debtor acco	ording to the definition in the	
Part 4:	Report if You Own o	r Have		perty or An	y Property Tha	ıt Needs In	nmediate Attention	
4. Do you	own or have any	☑ No						
alleged	y that poses or is to pose a threat	☐ Yes.	What is the hazard?					
of immi	nent and ible hazard to					·····		
public h	ealth or safety?					·		
	ou own any y that needs							
immedia	ate attention?		If immediate attention i	s needed, wi	ny is it needed?			
perishabl that must	ple, do you own e goods, or livestock be fed, or a building s urgent repairs?							
			Where is the property?					
			· (··	Number	Street			
				City			State ZIP Code	

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Desc Main

Debtor 1

<u>Justin</u>

Middle Name

Goins

Case number (# known)

⊋ना उम

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About I	Debtor	1:
---------	--------	----

Doc 1

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

u	I am not required to receive a briefing a	bou
	credit counseling because of:	

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not	required	to	receive	a	briefing	about
credit co	ounselino	h	ecause o	٠f	. ~	

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1

Justin First Name

Middle Name

Goins Last Name

Case number (if known)_

Par	1363 Answer These Que	estions for Reporting Purpose	es					
	What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."						
•	,	No. Go to line 16b.✓ Yes. Go to line 17.						
		16b. Are your debts primari money for a business or inv	ily business debts? Busine vestment or through the operat	ess debts are debts to ion of the business o	hat you incurred to obtain or investment.			
		☐ No. Go to line 16c. ☐ Yes. Go to line 17.						
		16c. State the type of debts you	owe that are not consumer de	bts or business debt	s.			
	Are you filing under Chapter 7?	☐ No. I am not filing under Cha	apter 7. Go to line 18.	1970-1984 to 1970-1984 to 1	_			
а	Oo you estimate that after iny exempt property is excluded and	administrative expenses	r 7. Do you estimate that after are paid that funds will be ava	any exempt property allable to distribute to	y is excluded and o unsecured creditors?			
a a	dministrative expenses re paid that funds will be vailable for distribution ounsecured creditors?	☑ No ☐ Yes						
	How many creditors do you estimate that you	☑ 1-49 □ 50-99	1,000-5,000 5,001-10,000		5,001-50,000			
	we?	☐ 100-199 ☐ 200-999	10,001-25,000		0,001-100,000 ore than 100,000			
es	ow much do you stimate your assets to e worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 millio \$50,000,001-\$100 millio \$100,000,001-\$500 mil	n 🔲 \$1	500,000,001-\$1 billion 1,000,000,001-\$10 billion 10,000,000,001-\$50 billion ore than \$50 billion			
es	ow much do you stimate your liabilities be?	□ \$0-\$50,000 □ \$50,001-\$100,000	\$1,000,001-\$10 million \$10,000,001-\$50 million	n 🔲 \$1	00,000,001-\$1 billion ,000,000,001-\$10 billion			
Part	7AL Sign Below	\$100,001-\$500,000 \$500,001-\$1 million	\$50,000,001-\$100 million \$100,000,001-\$500 million		0,000,000,001-\$50 billion ore than \$50 billion			
For y	rou .	I have examined this petition, and correct.	I declare under penalty of perj	ury that the informat	ion provided is true and			
		If I have chosen to file under Chap of title 11, United States Code. I un under Chapter 7.	oter 7, I am aware that I may pi nderstand the relief available u	roceed, if eligible, un Inder each chapter, a	der Chapter 7, 11,12, or 13 and I choose to proceed			
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
		I request relief in accordance with			ed in this petition.			
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.						
		Signature of Debtor 1	×					
		Signature of Debtor 1 Executed on $03.05.2$	s - 16	ignature of Debtor 2				
		MM / DD / YYY	Υ P	xecuted on MM / D	D /YYYY			

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Justin First Name Debtor 1

Middle Name

X

Goins Last Name

Case number (it known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

£	Date					
Signature of Attorney for Debtor		MM	1	DD	/ YYYY	
Printed name						
Firm name			,		The purpose of the second seco	
Street						
City		ZIP Cod				
Contact phone	Email address	S				
3ar number	Stato		,			

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Desc Main

Debtor 1

Justin First Name

Middle Name

Goins

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?	
□ No	
☑ Yes	
Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned? No Yes	
Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy for No	rms?
Yes. Name of Person Cecil Davis	
Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).	

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

· Alla Des x		
(Signature of Debtor 1	Signature of De	btor 2
Date 35 05 2016	Date	MM / DD / YYYY
Contact phone	Contact phone	
Cell phone	Cell phone	
Email address	Email address	

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	ormation to identify	your case:			
	USTIN First Name	Middle Name	Goins Last Name		
Debtor 2 (Spouse, if filing)	F N		Last Name		
		Middle Name	Łast Name		
	ankruptcy Court for the:	Nonnem District of	Illinois		
Case number	(If known)				Check if this is an
					amended filing
○ 66-1-1-5	4000				
· · · · · · · · · · · · · · · · · · ·	orm 106Sun				
Summary	of Your As	sets and L	iabilities and	Certain Statistical Info	ormation 12/15
your original fo	your acit	ut a new Summar	ried people are filing to complete the informatic y and check the box at	gether, both are equally responsible for on on this form. If you are filing amende the top of this page.	supplying correct d schedules after you file
					Your assets
1 Schedule A/R	3: Property (Official F	orm 1064/D)			Value of what you own
			3	•••••	s 0.00
1b. Copy line	62, Total personal pr	operty, from Sched	ule A/B		\$4,260.00
1c. Copy line (63 Total of all prope	rty on Schodulo A/L	o		
.,	To the state of the proper	ty on ourcome AVE	<i>,</i>		\$4,260.00
Part 2: Sum	marize Your Liab				
- Carin	marize rour Liab	HILLES			
					Your liabilities Amount you owe
2. Schedule D. C	reditors Who Have (Naims Secured by I	Property (Official Form 10	06D)	·
2a. Copy the to	otal you listed in Colu	ımn A, <i>Amount of c</i>	laim, at the bottom of the	last page of Part 1 of Schedule D	\$
3. Schedule E/F:	Creditors Who Have	Unsecured Claims	(Official Form 106E/F)		
3a. Copy the to	otal claims from Part	1 (priority unsecure	d claims) from line 6e of	Schedule E/F	\$
3b. Copy the to	otal claims from Part	2 (nonpriority unsec	cured claims) from line 6j	of Schedule E/F	. 29 456 00
					+ \$ 28,156.00
				Your total liabilities	\$ 28,156.00
Part 3: Summ	narize Your Incor	ne and Expense	<u>!</u> \$		
. Schedule I: You	ur Income (Official Fo	orm 106I)			
			chedule I		\$1,712.00
	ur Expenses (Official				

Copy your monthly expenses from line 22c of Schedule J

-308.00

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2,084.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	14,865.00
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$	0.00
9g. Total. Add lines 9a through 9f.	\$	14,865.00

Case 16-08173 Doc 1 Filed 03/09/16 Entered 03/09/16 15:42:36 Document Page 11 of 53 Fill in this information to identify your case and this filing: FILED Justin Goins Debtor 1 **UNITED STATES BANKRUPTCY COURT** First Name Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS Debtor 2 MAR 09 2016 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois ~ JEFFREY P. ALLSTEADT, CLERK Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions, Put Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? Land Investment property Timeshare Describe the nature of your ownership City ZIP Code interest (such as fee simple, tenancy by Other_ the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: What is the property? Check all that apply. Do not deduct secured claims or exemptions, Put Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? ☐ Land Investment property Describe the nature of your ownership ☐ Timeshare City ZIP Code State interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property

At least one of the debtors and another

property identification number:

Other information you wish to add about this item, such as local

(see instructions)

1.	.3. Street address, if available, or other description City State ZIP Code	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other	the amount of any security control of the entire property? Sure the nature interest (such as fee the entireties, or a little of the entireties, or a little control of the entireties.	simple, tenancy by
	County	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this it property identification number:	Check if this is c (see instructions)	ommunity property
2. Add you	f the dollar value of the portion you own for a r have attached for Part 1. Write that number f	ll of your entries from Part 1, including any entrie	es for pages	\$0.00
ou om	s, vans, trucks, tractors, sport utility vehicles,	et in any vehicles, whether they are registered or e, also report it on Schedule G: Executory Contracts , motorcycles	and Unexpired Leases.	•
3.1,	Make;	Who has an interest in the property? Check one.		
3.1,	Model:	Debtor 1 only	Do not deduct secured cla the amount of any secured	ims or exemptions. Put
		Debtor 2 only	Creditors Who Have Clain	is Secured by Property.
	Year:	Debtor 1 and Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	At least one of the debtors and another	entire property?	portion you own?
	Other information:	☐ Check if this is community property (see instructions)	\$	\$
lf you	u own or have more than one, describe here:			
3.2.	Make:	Who has an interest in the property? Check one.	Denetal	
	h.s., .1., 1	Debtor 1 only	Do not deduct secured clai the amount of any secured	claims on Schedule D:
		Debtor 2 only	Creditors Who Have Claim	s Secured by Property.
	t Cal.	Debtor 1 and Debtor 2 only	Current value of the	Current value of the
		☐ At least one of the debtors and another	entire property?	
				portion you own?
	Other information:	☐ Check if this is community property (see	\$	\$

Debtor 1

Debtor 1	പ ്രെ se 16-08173	Doc 1	Filed 03/09/16	Entered 03/09/16 15:42:36	
200.0. (First Name Middle Name	Last Nam	- Document	Page 13 of 53number (# known)	

3.4.	Model: Year: Approximate mileage: Other information:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	the amount of any secur Creditors Who Have Cla	claims or exemptions. Put red claims on Schedule D:
3.4.	Year: Approximate mileage:	Debtor 2 only Debtor 1 and Debtor 2 only	Creditors Who Have Cla	
3.4.	Approximate mileage:	Debtor 1 and Debtor 2 only		nms Secured by Property.
3.4.			Current value of the	Current value of the
3.4. l	Other information:	At least one of the deptors and another	entire property?	portion you own?
3.4. l	Other information.		. , ,	perman you only
1		Check if this is community property (see instructions)	\$	\$
`	Make:	Who has an interest in the property? Check one. Debtor 1 only	the amount of any secure	laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.
	Year:	Debtor 2 only		
,	Approximate mileage:	Debtor 1 and Debtor 2 only	Current value of the	
		 At least one of the debtors and another 	entire property?	portion you own?
(Other information:			
		Check if this is community property (see instructions)	\$	\$
☐ Yes	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	nims or exemptions. Put
	fodel:	Debtor 1 only Debtor 2 only	the amount of any secure Creditors Who Have Clain	d claims on Schedule D
	'ear:			
Y	COI.	Debtor 1 and Debtor 2 only		
	other information:	☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
	MARIE AND THE STATE OF THE STAT	 Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) 		Current value of the
0	MARIE AND THE STATE OF THE STAT	At least one of the debtors and another Check if this is community property (see instructions)	entire property?	Current value of the portion you own?
If you ov	other information: wn or have more than one, list here	At least one of the debtors and another Check if this is community property (see instructions)	entire property?	Current value of the portion you own?
If you ov	other information: wn or have more than one, list here lake:	At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	entire property? \$ Do not deduct secured claim	Current value of the portion you own? \$
If you ov	other information: wn or have more than one, list here	At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	entire property? \$ Do not deduct secured claithe amount of any secured.	Current value of the portion you own? \$
If you ov 4.2. M	other information: wn or have more than one, list here lake:	At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured claithe amount of any secured Creditors Who Have Claim	Current value of the portion you own? \$
If you ov 4.2. M. Ye	other information: wn or have more than one, list here lake: odel: ear:	At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured claim the amount of any secured Creditors Who Have Claim Current value of the	Current value of the portion you own? \$
If you ov 4.2. M Ye	other information: wn or have more than one, list here lake: odel:	At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured claithe amount of any secured Creditors Who Have Claim	Current value of the portion you own? \$

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First Name Middle Name Last Name Document Page 14 of \$3 number (if known)_______

Part 3: Describe Your Personal and Household Items

D	o you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims
6.	Household goods and furnishings	or exemptions.
	Examples: Major appliances, furniture, linens, china, kitchenware	
	No	
	Yes. Describe Appliances, furniture, kitchenware	
	- 103. bescribe	\$2,650.00
7	Electronics	
٠.		
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	Q No	
	Yes. Describe Television, cell phone	s 560.00
_		4
8.	Collectibles of value	
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	No	
	Yes. Describe	\$ 0.00
9.	Equipment for sports and hobbies	
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	No No	
	Yes. Describe	\$ 0.00
		\$
10.	Firearms	
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
	Mo	
	Yes. Describe	\$ 0.00
		\$0.00
	Clothes	
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	□ No	
	Yes. Describe Everyday clothes, shoes	\$ 1,050.00
12.	lewelry	
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	No No Paradik .	
1	Yes. Describe	\$0.00
13.	lon-farm animals	
ı	Examples: Dogs, cats, birds, horses	
	₫ No	
	Yes. Describe	
•	Tes. Describe,	\$0.00
48	ny othor navenski soult for the Alice	-
4. F	ny other personal and household items you did not already list, including any health aids you did not list	
	2 No	
[Yes. Give specific	
	information	\$0.00
15 /		
iJ.≱	dd the dollar value of all of your entries from Part 3, including any entries for pages you have attached	\$4,260.00
•	or Part 3. Write that number here	7,7,7,7,7,7

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Part 4:

Describe Your Financial Assets

Do you own or have an	y legal or equitable interest in	any of the following?	portion ye	uct secured claims
16. Cash				
	u have in your wallet, in your ho	me, in a safe deposit box, and on hand when you file your petition		
☑ No				
4 Yes		Cash:	···· \$	0.00
17. Deposits of money Examples: Checking, and other	savings, or other financial acco similar institutions. If you have r	unts; certificates of deposit; shares in credit unions, brokerage house nultiple accounts with the same institution, list each.	es,	
☑ No		, and a second		
☐ Yes		Institution name:		
	17.1. Checking account:			0.00
	17.2. Checking account:			0.00
	17.3. Savings account:			0.00
	17.4. Savings account:			0.00
	_		T	0.00
	17.5. Certificates of deposit:		_ \$	0.00
	17.6. Other financial account:		\$	0.00
	17.7. Other financial account:		- \$ <u> </u>	0.00
	17.8. Other financial account:		- \$	0.00
	17.9. Other financial account:		\$	0.00
18 Bonds mutual funds	or publicly traded stocks			
Examples: Bond funds,	investment accounts with broke	erage firms, money market accounts		
✓ No				
☐ Yes	Institution or issuer name:			
			\$	0.00
	***************************************		_ \$	0.00
			- \$	0.00
19. Non-publicly traded s an LLC, partnership, a	tock and interests in incorpor and joint venture	ated and unincorporated businesses, including an interest in		
☑ No	Name of entity:	% of ownership:		
Yes. Give specific information about			\$	0.00
them			\$	0.00
		0%	\$	0.00

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riist Name Middle Name	Last Name DOCUMENT	rage 10 or 35	

☑ No				
Yes. Give specific information about	Issuer name:			
them			<u> </u>	0.00
			Ψ	0.00
			\$	0.00
21. Retirement or pension Examples: Interests in		401/k) 402/h) their continue		
☑ No	iron, Errion, Reogn	, 401(k), 403(b), thrift savings accounts, or other pension or profit-sha	aring plans	
Yes, List each				
account separately.	Type of account:	Institution name:		
	401(k) or similar pla	n:	\$	0.00
	Pension plan:		\$	0.00
	IRA:		\$	0.00
	Retirement account		\$	0.00
	Keogh:			0.00
	Additional account:		\$	0.00
	Additional account:			0.00
Your share of all unused Examples: Agreements	d deposits you have	made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications		
Your share of all unused Examples: Agreements companies, or others	d deposits you have	made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications		
Your share of all unused Examples: Agreements companies, or others No	d deposits you have with landlords, prep	aid rent, public utilities (electric, gas, water), telecommunications		
Your share of all unused Examples: Agreements companies, or others	d deposits you have with landlords, prep	made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications name or individual:		0.00
Your share of all unused Examples: Agreements companies, or others No	d deposits you have with landlords, prep I Electric:	aid rent, public utilities (electric, gas, water), telecommunications	\$	
Your share of all unused Examples: Agreements companies, or others No	d deposits you have with landlords, prep	aid rent, public utilities (electric, gas, water), telecommunications	\$\$\$	0.00
Your share of all unused Examples: Agreements companies, or others No	d deposits you have with landlords, prep	aid rent, public utilities (electric, gas, water), telecommunications nstitution name or individual:	\$\$	0.00
Your share of all unused Examples: Agreements companies, or others No	d deposits you have with landlords, prep	aid rent, public utilities (electric, gas, water), telecommunications nstitution name or individual: ental unit:	\$\$	0.00 0.00 0.00
Your share of all unused Examples: Agreements companies, or others No	d deposits you have with landlords, prep	aid rent, public utilities (electric, gas, water), telecommunications nstitution name or individual:	\$\$	0.00 0.00 0.00
Your share of all unused Examples: Agreements companies, or others No	d deposits you have with landlords, prep	aid rent, public utilities (electric, gas, water), telecommunications nstitution name or individual: ental unit:	\$\$	0.00 0.00 0.00 0.00
Your share of all unused Examples: Agreements companies, or others ✓ No	deposits you have with landlords, prep	aid rent, public utilities (electric, gas, water), telecommunications nstitution name or individual: ental unit:	\$\$\$\$\$\$	0.00 0.00 0.00 0.00 0.00
Your share of all unused Examples: Agreements companies, or others No	deposits you have with landlords, prep	aid rent, public utilities (electric, gas, water), telecommunications nstitution name or individual: ental unit:	\$\$\$\$\$\$	0.00 0.00 0.00 0.00 0.00
Your share of all unused Examples: Agreements companies, or others No	deposits you have with landlords, prepared the landlords, prepared to the l	aid rent, public utilities (electric, gas, water), telecommunications nstitution name or individual: ental unit:	\$\$\$\$\$\$	0.00 0.00 0.00 0.00 0.00
Your share of all unused Examples: Agreements companies, or others No Yes	deposits you have with landlords, prepared to the security deposit on reprepared rent: Telephone: Water: Rented furniture: Other:	aid rent, public utilities (electric, gas, water), telecommunications nstitution name or individual: ental unit:	\$\$\$\$\$\$	0.00 0.00 0.00 0.00 0.00
Your share of all unused Examples: Agreements companies, or others No Yes	deposits you have with landlords, prepared to the security deposit on reprepared rent: Telephone: Water: Rented furniture: Other:	aid rent, public utilities (electric, gas, water), telecommunications nstitution name or individual: ental unit:	\$\$\$\$\$\$	0.00 0.00 0.00 0.00 0.00 0.00
Your share of all unused Examples: Agreements companies, or others No Yes	deposits you have with landlords, prepared to the security deposit on reprepared rent: Telephone: Water: Rented furniture: Other:	aid rent, public utilities (electric, gas, water), telecommunications nstitution name or individual: ental unit: of money to you, either for life or for a number of years)	\$\$\$\$\$\$	0.00 0.00 0.00 0.00 0.00 0.00
Your share of all unused Examples: Agreements companies, or others No Yes	deposits you have with landlords, prepart landlords	aid rent, public utilities (electric, gas, water), telecommunications nstitution name or individual: ental unit: of money to you, either for life or for a number of years)	\$\$\$\$\$\$\$	0.00 0.00 0.00 0.00 0.00 0.00
Examples: Agreements companies, or others No Yes	deposits you have with landlords, prepart landlords	aid rent, public utilities (electric, gas, water), telecommunications nstitution name or individual: ental unit: of money to you, either for life or for a number of years) scription:	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	0.00 0.00 0.00 0.00 0.00 0.00

26 U.S.C. §§ 530(b)(1), 529	IRA, in an account in a qualified ABLE program, or under a qualifi $\partial A(b)$, and $529(b)(1)$.	ed state tuition progra	m.	
☑ No ☐ Yes				
☐ Yes	Institution name and description. Separately file the records of any	interests.11 U.S.C. § 5	21(c):	
			s	0.00
	0.00		\$	0.00
			\$	0.00
			*	······································
25. Trusts, equitable or future exercisable for your bene	interests in property (other than anything listed in line 1), and rig	hts or powers		
No	ir			
Yes. Give specific				
information about them.			\$	0.00
			•	
26. Patents, copyrights, trade	marks, trade secrets, and other intellectual property names, websites, proceeds from royalties and licensing agreements			
No	names, websites, proceeds from royalities and licensing agreements			
Yes. Give specific				
information about them			\$	0.00
27. Licenses, franchises, and				
	exclusive licenses, cooperative association holdings, liquor licenses, $\boldsymbol{\rho}$	professional licenses		
No Division in				
Yes. Give specific information about them			¢	0.00
			₽	
Money or property owed to yo	ou?		Curren	t value of the
			portion	you own?
				educt secured exemptions.
28. Tax refunds owed to you				
☑ No				
Yes. Give specific inform		Federal:	\$	0.00
about them, includir you already filed the	returns	State:	\$	0.00
and the tax years		Locai:	\$	0.00
			Ψ	
29. Family support				
Examples: Past due or lump	sum alimony, spousal support, child support, maintenance, divorce se	ttlement, property settler	nent	
☑ No				
Yes. Give specific inform	ation			0.00
		Alimony:	\$	0.00
		Maintenance:	\$	0.00
		Support:	\$	0.00
		Divorce settlement:	Φ	0.00
O Other amounts a		Property settlement:	Ψ	
 Other amounts someone or Examples: Unpaid wages, dis 	sability insurance payments, disability benefits, sick pay, vacation pay	Workers' compensation		
Social Security be	enefits; unpaid loans you made to someone else	somponoutors	7	
No				
Yes, Give specific information	auon		\$	0.00

Debtor 1	Justasse 16-08173 [Doc 1 Filed 03/09/1	6 Entered 03/09/16 15:42:36 Page 18 of 53 umber (# known)	Desc Main	
	reache Marie	Last realite DOCUITICITE	1 age 10 01 30		
31. Interests	in insurance policies				
Example	s: Health, disability, or life insura	ance; health savings account (H	ISA); credit, homeowner's, or renter's insurance		
Ø No □ ves i	Name the insurance company				
— 165.1	of each policy and list its value.	Company name:	Beneficiary:	Surrender or	refund value:
				\$	0.00
				\$	0.00
				\$	0.00
2. Any inter	est in property that is due yo	u from someone who has died	d		
If you are property b	the beneficiary of a living trust, because someone has died.	expect proceeds from a life insi	urance policy, or are currently entitled to receive		
No No					
Yes. 0	Give specific information				0.00
				\$	0.00
3. Claims a	gainst third parties, whether o	r not you have filed a lawsuit	or made a demand for payment		
Examples	: Accidents, employment disput	es, insurance claims, or rights t	o sue		
No D Vec r	Describe each claim				
 163, £	zescribe each claim			\$	0.0
4. Other con to set off	itingent and unliquidated clai claims	ns of every nature, including	counterclaims of the debtor and rights	7	
	escribe each claim				
				\$	0.00
S.Any finan	cial assets you did not alread	v list			
∠ No	*	,			
Yes. G	ive specific information				0.00
				\$	0.00
6. Add the d	ollar value of all of your entrie	es from Part 4. including any i	entries for pages you have attached		
for Part 4.	Write that number here			. \$	0.00
art 5: 📗	escribe Any Business-	Related Property You C	Own or Have an Interest In. List any	real estate in	ı Part 1.
.Do you ow	n or have any legal or equital	ole interest in any business-re	Plated property?		
No. Go	to Part 6.		- -		
☐ Yes. G	o to line 38.				
				Current value of portion you own	vn?
Accounts:	receivable or commissions yo	ur akoadu ooro		or exemptions.	
No No	or commissions yo	u aneauy earned			
Yes. De	escribe				

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

39. Office equipment, furnishings, and supplies

☐ Yes. Describe......

0.00

0.00

Debtor 1	Justificat Name	9/16 15:42:36 Dumber (if known)	esc Main	
40. Machine	ry, fixtures, equipment, supplies you use in business, and tools of your trade			
☑ No	the state of the s			
	Describe			0.00
			\$	0.00
41. Inventor				
₩ No				
Yes.	Describe		\$	0.00
			Ψ	
42. Interests	in partnerships or joint ventures			
☑ No				
Yes.	Describe Name of entity:	% of ownership:		
		0 %	¢	0.00
		0 %	Ψ \$	0.00
		0 %	\$	0.00
43 Customo	lists, mailing lists, or other compilations			
D No	uses, maining lists, or other compliations			
Yes. I	o your lists include personally identifiable information (as defined in 11 U.S.C. § 1	01(41A))?		
Į.	No No	(- 2)		
(Yes. Describe			0.00
			\$	0.00
44. Any busii	ess-related property you did not already list			
₩ No	•			
	ive specific		\$	0.00
		71.00	\$	0.00
			\$	0.00
		The second secon		0.00
			\$	
			\$	0.00
		AND THE RESIDENCE OF THE PARTY	\$	0.00
45. Add the d	ollar value of all of your entries from Part 5, including any entries for pages you h	ave attached	\$	0.00
TOT L GIL O.	Write that number here	······································	*	
No.				
Parit 6: D	escribe Any Farm- and Commercial Fishing-Related Property You Own you own or have an interest in farmland, list it in Part 1.	or Have an interest in	1.	
46. Do vo u ow	n or have any legal or equitable interest in any farm- or commercial fishing-relate		<u> </u>	
Mo. Go	to Part 7.	d property?		
🔲 Yes. G	to line 47.			
			Current value	of the
			portion you o	wn?
47 Eauna *	a.ta.		Do not deduct se or exemptions.	ecured claims
47. Farm anim Examples:	als Livestock, poultry, farm-raised fish			
□ No	and the state of t			
Yes				
			¢	0.00

			6	
tures, and too	ols of trade	`	, , , , , , , , , , , , , , , , , , ,	
		4		
		\$		
id not already	list			
		\$	****	
luding any en	tries for pages you have a	_ 1 %		0.00

ve an Inter	est in That You Did	Not List Above		
			October State of Stat	THE STATE OF THE S
my noti				
		:	\$	0.00
		;	Б	0.00
		;	β	0.00
te that numbe	r here		<u> </u>	0.00
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\$	0.00			
\$	4,260.00			
\$	0.00			
\$	0.00			
\$	0.00			
+\$	0.00			
\$	4,260.00 Copy person	nal property total 👈 +\$_	4,260	00.0
	id not already luding any en ve an Inter dy list? te that numbe rm \$ \$ \$	## an Interest in That You Did	tures, and tools of trade sid not already list studing any entries for pages you have attached **Series** **Prove an Interest in That You Did Not List Above dy list? **Series** **S	ssssssss

Fill in this info	rmation to identify your case:			
Dentol :	ıstin	Goins		
Debtor 2	rst Name Middle Name	Last Name		
(Spouse, if filing) Fir		Łast Name	<u> </u>	
Case number	kruptcy Court for the: Northern Distr	ict of Hilhois		
(If known)				Check if this is an amended filing
Official Fo	rm 106C			
Schedu	le C: The Pro	perty You	Claim as Exemp	12/15
Using the property space is needed,	y you listed on Schedule A/B: Pro	perty (Official Form 106.	ogether, both are equally responsible for A/B) as your source, list the property tha Additional Page as necessary. On the top	t you claim as exempt. If more
specific dollar ar of any applicable retirement funds limits the exempi would be limited	nount as exempt. Alternatively, a statutory limit. Some exemption and the exemption and the exemption and the exemption to a particular dollar amounts to the applicable statutory amounts.	you may claim the ful ons—such as those fo nount. However, if you nt and the value of the ount.	amount of the exemption you claim. O I fair market value of the property beir r health aids, rights to receive certain claim an exemption of 100% of fair m property is determined to exceed tha	ng exempted up to the amount benefits, and tax-exempt arket value under a law that
Paritie Iden	tify the Property You Claim	as Exempt		
You are o	exemptions are you claiming? claiming state and federal nonban claiming federal exemptions. 11 L	kruptcy exemptions. 11		
2. For any prop	erty you list on Schedule A/B t	hat you claim as exem	pt, fill in the information below.	
	ption of the property and line on B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief	Appliances, furniture	\$2,650.00	□s	735 ILCS 5/12-1001(b)
description: Line from Schedule A/E	^	<u></u>	■ 100% of fair market value, up to any applicable statutory limit	
Brief description:	Electronics	\$560.00	□ \$	735 ILCS 5/12-1001(b)
Line from Schedule A/E	3: 7		100% of fair market value, up to any applicable statutory limit	
Brief description:	Clothes	\$ <u>1,050.00</u>	□ \$	735 ILCS 5/12-1001(b)
Line from Schedule A/B	3: <u>11</u>		■ 100% of fair market value, up to any applicable statutory limit	Manufacture of the second seco
3. Are you clain	ning a homestead exemption of	f more than \$155,675?		
(Subject to ad	justment on 4/01/16 and every 3	years after that for case	s filed on or after the date of adjustment.)
roma.	rou acquire the property covered t	by the exemption within	1,215 days before you filed this case?	
U No □ Yes				

Fill in this information to identify your ca	ise:			
luctin	Goins			
060001	Name Last Name			
Debtor 2 (Spouse, if filing) First Name Middle	Name Last Name			
United States Bankruptcy Court for the: Northern	<u></u>			
	L. J.			
Case number (If known)			☐ Check	if this is an
			amend	ed filing
Official Form 106D				
	rs Who Have Claims Secur	ed by Pro	perty	12/15
Be as complete and accurate as possible	. If two married people are filing together, both are a	qually responsible	for eunalvina carrae	**************************************
information. If more space is needed, cor additional pages, write your name and ca	OV the Additional Page, fill it out, number the entries	and attach it to thi	s form. On the top of	any
and our reality and our reality and our	ise names (is known).			
1. Do any creditors have claims secured				
Mo. Check this box and submit this for	rm to the court with your other schedules. You have not	ing else to report on	this form.	
Yes. Fill in all of the information below	<i>.</i> .			
Partials List All Secured Claims				
Activity List Air Secured Ciainis				
2. List all secured claims. If a creditor has a	more than one secured claim, list the creditor separately	Column A Amount of claim	Column B Value of collateral	Column C
for each claim. If more than one creditor I	nas a particular claim, list the other creditors in Part 2. habetical order according to the creditor's name.	Do not deduct the	that supports this	Unsecured portion
	repetical order according to the creditor's name.	value of collateral.	claim	If any
2.1	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name	-			1-
Number Street	_			
	As of the date you file, the claim is: Check all that apply			
Manufacture and Agreement and	Contingent	•		
City State ZIP Code	Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	 An agreement you made (such as mortgage or secured car loan) 			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)	••		
community debt				
Date debt was incurred	Last 4 digits of account number			
2.2	Describe the property that secures the claim:	\$	\$ 5	5
Creditor's Name				
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZiP Code	Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax fien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a	Other (including a right to offset)	_		
community debt				
Date debt was incurred	Last 4 digits of account number			
Add the dollar value of your entries in (Column 4 on this name. Write that number here-	k		

	Case 16-08173 Doc 1	Filed 03/09/16 Entered 03/09/16	L5:42:36	Desc Ma	uin
	Fill in this information to identify your case:	Page 23 of 53			
	Debtor 1 Justin	Goins			
	First Name Middle Name	Last Name			
	Debtor 2 Spouse, if filing) First Name Middle Name	Last Name			
l	Inited States Bankruptcy Court for the: Northern District	of Illinois			
	case number (If known)				eck if this is an ended filing
0	official Form 106E/F				
S	chedule E/F: Creditors V	Yho Have Unsecured Clair	ms		12/15
A/I cre nec	st the other party to any executory contracts or a B: Property (Official Form 106A/B) and on Scheo editors with partially secured claims that are list eded, copy the Part you need, fill it out, number y additional pages, write your name and case no	, ,	list executory of (Official Form to ared by Property	contracts on \$ 106G). Do not by If more spa	Schedule include any ace is
	List All of Your PRIORITY Unsecur				·
1.	Do any creditors have priority unsecured claim No. Go to Part 2.	s against you?			
	Yes.				
2.	each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the unsecured claims, fill out the Continuation Page of	reditor has more than one priority unsecured claim, list f a claim has both priority and nonpriority amounts, list t claims in alphabetical order according to the creditor's Part 1. If more than one creditor holds a particular claim	hat claim here a name. If you hay	nd show both	priority and
	(For an explanation of each type of claim, see the	instructions for this form in the instruction pooklet")			
	1	,	Total claim	Priority amount	Nonpriority amount
2.1		Last 4 digits of account number	Total claim	amount	amount
2.1	Priority Creditor's Name	Last 4 digits of account number		amount	amount
2.1	Priority Creditor's Name Number Street	- Application Company		amount	amount
2.1		When was the debt incurred? As of the date you file, the claim is: Check all that app	\$	amount	amount
2.1		When was the debt incurred? As of the date you file, the claim is: Check all that app Contingent	\$	amount	amount
2.1	Number Street City State ZIP Code Who incurred the debt? Check one.	When was the debt incurred? As of the date you file, the claim is: Check all that apple Contingent Unliquidated	\$	amount	amount
2.1	Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only	When was the debt incurred? As of the date you file, the claim is: Check all that app Contingent	\$	amount	amount
2.1	Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	When was the debt incurred? As of the date you file, the claim is: Check all that apple Contingent Unliquidated	\$	amount	amount
2.1	Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	When was the debt incurred? As of the date you file, the claim is: Check all that apple Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations	\$y.	amount	amount
2.1	Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	When was the debt incurred? As of the date you file, the claim is: Check all that application Contingent Unliquidated Disputed Type of PRIORITY unsecured claim:	\$y.	amount	amount
2.1	Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	When was the debt incurred? As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were	\$y.	amount	amount
2.1	Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	When was the debt incurred? As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated	\$y	amount	amount
2.1	Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	When was the debt incurred? As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were	\$y	amount	amount
	Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	When was the debt incurred? As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated	\$y	amount	amount
2.1	Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	When was the debt incurred? As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated	\$y.	amount	amount
	Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	When was the debt incurred? As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify	\$y.	amount	amount \$
	Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	When was the debt incurred? As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Last 4 digits of account number When was the debt incurred?	\$	amount	amount \$
	Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Priority Creditor's Name	When was the debt incurred? As of the date you file, the claim is: Check all that apple Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apple	\$	amount	amount \$
	Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Priority Creditor's Name Number Street	When was the debt incurred? As of the date you file, the claim is: Check all that apple Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apple Contingent	\$	amount	amount \$
	Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Priority Creditor's Name Number Street City State ZIP Code	When was the debt incurred? As of the date you file, the claim is: Check all that application of the debt incurred claim: Domestic support obligations Taxes and certain other debts you owe the government intoxicated Other. Specify Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that applications Contingent Unliquidated	\$	amount	amount \$
	Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Priority Creditor's Name Number Street City State ZIP Code Who incurred the debt? Check one.	When was the debt incurred? As of the date you file, the claim is: Check all that apple Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apple Contingent	\$	amount	amount \$
	Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Priority Creditor's Name Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only	When was the debt incurred? As of the date you file, the claim is: Check all that application of the debt incurred claim: Domestic support obligations Taxes and certain other debts you owe the government intoxicated Other. Specify Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that application of the cla	\$	amount	amount \$
	City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Priority Creditor's Name Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	When was the debt incurred? As of the date you file, the claim is: Check all that application of the debt of the debt incurred claim: Domestic support obligations Taxes and certain other debts you owe the government of the death or personal injury while you were intoxicated Other. Specify Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that application of the death of the claim is: Check all that application of the death of the claim is: Check all that application of the death of the claim is: Check all that application of the death of the claim is: Check all that application of the death of the claim is: Check all that application of the death of the claim is: Check all that application of the death of the claim is: Check all that application of the claim is: Check all that appl	\$s	amount	amount \$
	Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Priority Creditor's Name Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only	When was the debt incurred? As of the date you file, the claim is: Check all that application of the debt incurred claim: Domestic support obligations Taxes and certain other debts you owe the government intoxicated Other. Specify Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that application of the cla	\$s	amount	amount \$

Other. Specify

Is the claim subject to offset?

🔾 Yes

Debtor	1 JUSTIN First Name	Middle Name	OOC 1	HE	<u>t_</u>	Entered 03/09/16 15:42:36 De Page 24 Ofa Sumber (# known)	esc M	ain
	No. You have not	ve nonpriority un hing to report in th	nsecured nis part. S		ou? he c	ourt with your other schedules.		
inci clai	which a secure	nore than one cre tinuation Page of	ditor sepa	Brateiv for each cla	ım. F , list	er of the creditor who holds each claim. If a creditor each claim listed, identify what type of claim it is. Enthe other creditors in Part 3.If you have more than three other creditors in Part 3.If you have more than three other creditors.	o not list ee nonpr	f alaima alaa ad
No 64 No	onpriority Creditor's Nam 392 S Cass Av umber Street Veston	е	11	00550		ast 4 digits of account number $2 0 0 4$ When was the debt incurred? $11/22/2012$	\$	1,325.00
Ci			State	60559 ZIP Code	- 4	s of the date you file, the claim is: Check all that apply.		
	/ho incurred the de Debtor 1 only Debtor 2 only	ebt? Check one.			Č	Contingent Unliquidated Disputed		
	Debtor 1 and Debto At least one of the	•			T	ype of NONPRIORITY unsecured claim:		
	Check if this clai	m is for a commu	nity debt		C	Student loans Obligations arising out of a separation agreement or divorthat you did not report as priority claims	ce	
2	the claim subject No Yes	to offset?				Debts to pension or profit-sharing plans, and other similar	debts	

	0392 S Cass Ave			When was the dept incurred?		
	Number Street					
	Weston City	IL. State	60559 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	,	State	ZIF Code			
	Who incurred the debt? Check one.			Contingent		
	Debtor 1 only			Unliquidated		
	Debtor 2 only			☑ Disputed		
	Debtor 1 and Debtor 2 only			• • • • • • • • • • • • • • • • • • • •		
	At least one of the debtors and another			Type of NONPRIORITY unsecured claim:		
				Student loans		
	Check if this claim is for a comm	unity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	s	
	☑ No			Other. Specify Credit	•	
	☐ Yes				•	
4.2	The CBE Group			3 5 1 0		553.00
لـــا	Nonpriority Creditor's Name			Last 4 digits of account number 3 5 1 0 When was the debt incurred? 10/20/2013	\$	333,00
				When was the debt incurred? 10/20/2013		
	PO Box 126 Number Street			AMILIANA,		
	Waterloo	IA	50704	As of the date you file, the claim is: Check all that apply.		
	City	State	ZiP Code			
	1		2 0540	Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			Disputed		
	Debtor 2 only			Time of MONDRIODITY		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another	r		Student loans		
	Check if this claim is for a commu	mity debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	i	
	No No			✓ Other. Specify <u>Cable services</u>		
	Yes					
4.3	Credit One Bank					
L	Nonpriority Creditor's Name		***	Last 4 digits of account number 0 7 1 7	¢	594.00
	,			When was the debt incurred? 08/12/2012	Ψ	
	Number Street	······				
	City	State	ZiP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.			☐ Contingent		
	Debtor 1 only			☐ Unliquidated		
	Debtor 2 only			Disputed		
	Debtor 1 and Debtor 2 only					
	At least one of the debtors and another			Type of NONPRIORITY unsecured claim:		
				☐ Student loans		
	Check if this claim is for a commun	nity debt		Obligations arising out of a separation agreement or divorce		
	Is the claim subject to offset?			that you did not report as priority claims		
	□ No			Debts to pension or profit-sharing plans, and other similar debts		
	☑ Yes			✓ Other Specify Credit card		

De	ebtor 1	Case 16-08173 Justin First Name Middle Name	Doc 1	Filed 03/09/16 Discument	Entered 03/09/16 15:42:36 Desc Ma Page 25 of 53 number (if known)	in
Pa	art 2:	Your NONPRIORITY (
	٦	ng any entries on this pag	e, number ti	nem beginning with 4.4	, followed by 4.5, and so forth.	Total claim
4.4	J Dep	artment of Education /	NELNET		Last 4 digits of account number	\$_10,626.00
	121 Numbe	S13th Street			When was the debt incurred? 06/20/2010	
	Linc		NE	68508	As of the date you file, the claim is: Check all that apply.	
	City		State	ZIP Code	☐ Contingent	
	Who i	ncurred the debt? Check one	е.		Unliquidated	
		btor 1 only			☑ Disputed	
		btor 2 only			Type of NONPRIORITY unsecured claim:	
		btor 1 and Debtor 2 only least one of the debtors and an	_46		Student loans	
					Obligations arising out of a separation agreement or divorce that	
		eck if this claim is for a con	nmunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	IS THE	claim subject to offset?			Other. Specify	
	Ye:					
4.5	700 L Number Norw City Who in Deb Deb At le	ity Creditor's Name _Ongwater Drive _Street	ther		Last 4 digits of account number 7 0 6 4 When was the debt incurred? 09/15/2013 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Cable services	\$621.00
	Nonpriorit	Premier Bank Vereditor's Name			Last 4 digits of account number 8 9 9 3	\$ 375.00
	601 S Number	Minnesota Ave			When was the debt incurred? 05/10/2010	
	Sioux		SD	57104	As of the date you file, the claim is: Check all that apply.	
	City		State	_	Contingent	
	Who inc	curred the debt? Check one.			Unliquidated	
	Debte			*	☑ Disputed	
	Debte			7	Type of NONPRIORITY unsecured claim:	
	☐ Debto	or 1 and Debtor 2 only			Chudant la	

☐ Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit card

At least one of the debtors and another

Is the claim subject to offset?

☑ No ☐ Yes

☐ Check if this claim is for a community debt

Debto	Case 16-08173 Justin First Name Middle Name	Goins			: Main	
Par	2: List All of Your NON	IPRIORITY U	insecured Clair	ms		
3 [····				
Ļ	o any creditors have nonprion No. You have nothing to report Yes	ority unsecured ort in this part.	d claims against Submit this form to	you? the court with your other schedules.		
in		ne creditor hole		cal order of the creditor who holds each claim. If a creditor had not be laim. For each claim listed, identify what type of claim it is. Do not m, list the other creditors in Part 3.ff you have more than three		
7	Wohh Rank / Einger Hut				Total	claim
	Webb Bank / Finger Hut Nonpriority Creditor's Name			Last 4 digits of account number		654.00
	6250 Ridge wood RCA			When was the debt incurred? 05/20/2014	\$	651.00
	Number Street Saint Cloud	1.45.1	50000	-		
_	City	MN State	56303 ZIP Code	As of the date you file, the claim is: Check all that apply.		
				Contingent		
	Who incurred the debt? Check o	ne.		Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only					
;	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
,	At least one of the debtors and a	inother		☐ Student loans		
Į	Check if this claim is for a co	ommunity debt		Obligations arising out of a separation agreement or divorce		
ŀ	s the claim subject to offset?			that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar det		
į	Z No			Other. Specify Credit	its	
Ţ	☐ Yes			_ onton opening	_	
	Greater Chicago Finance			Last 4 digits of account number	•	2,067.00
	Ionpriority Creditor's Name			When was the debt incurred? 08/26/2014	\$	2,007.00
8	331 W Roosevelt					
	lumber Street					
_	orest Park	IL	60130	As of the date you file, the claim is: Check all that apply.		
C	ту	State	ZIP Code	Contingent		
٧	Vho incurred the debt? Check or	ne.		Unliquidated		
-	Debtor 1 only			Disputed		
Ĺ				Town of MOMPHORNING		
	Debtor 1 and Debtor 2 only At least one of the debtors and ar			Type of NONPRIORITY unsecured claim:		
				Student loans Ohligations arising out of a consentiar account of		
	Check if this claim is for a co	mmunity debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debt	s	
	No Yes			other. Specify Car loan		
	≇ res					
	Cictor Or Leo Satas Ontriority Creditor's Name			Last 4 digits of account number		1 210 00
	727 W Cermak Road			When was the debt incurred? 10/20/2013	\$	1,210.00
Νι	ımber Street					
	icero	IL.	60804	An af the data was file of		
Cit	у	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		



Who incurred the debt? Check one.

Debtor 1 only Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

 $f \square$ Check if this claim is for a community debt

Is the claim subject to offset?

No No

☐ Yes

Contingent
Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

☑ Other. Specify Rent

Debtor 1	Case 16-08173 D	OC 1	Filed 03/09 G Dio sumen			Main	
Part 2:	List All of Your NONPRIO	RITY Un	secured Claim	s			
	iny creditors have nonpriority under the community of the			ou? he court with your other schedules.			
inclu	monty unsecured claim, list the cre	editor sepa editor holds	rately for each clai	l order of the creditor who holds of im. For each claim listed, identify who, list the other creditors in Part 3.If you	at type of claim it is. Do no	at lief clai	me alroadu
						Tota	l claim
Ka	y Jewelers			Last 4 digits of account number	3 7 3 0		
	priority Creditor's Name	····		Last 4 digits of account number		\$	1,874.00
	5 Ghent Road			When was the debt incurred?	08/10/2012		
Num		~··					
City	irlawn	OH State	44333 ZIP Code	As of the date you file, the claim	ion Chaole all that and		
Who	o incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Sale	Eli Code	Contingent Unliquidated Disputed			
	At least one of the debtors and another			Type of NONPRIORITY unsecu	red claim:		
				☐ Student loans			
 (Check if this claim is for a commu	nity debt	,	Obligations arising out of a separ that you did not report as priority	ation agreement or divorce claims		
	ne claim subject to offset?			Debts to pension or profit-sharing		s	
				Other. Specify Credit		-	
	res						
Me	dical Business Bureau			Last 4 digits of account number		c	2,033.00
Nonp	riority Creditor's Name				08/14/2014	Ψ	
	0 Renaissance Drive						
Numb							
City	k Ridge	IL State	60068 ZIP Code	As of the date you file, the claim	is: Check all that apply.		
-		State	ZIP Code	Contingent			
	incurred the debt? Check one.			Unliquidated			
	Debtor 1 only			Disputed			
	Debtor 2 only			Type of NONDBIODITY			
	Debtor 1 and Debtor 2 only at least one of the debtors and another			Type of NONPRIORITY unsecu	reu Cialin:		
				Student loans			
	theck if this claim is for a commu	nity debt		Obligations arising out of a separathat you did not report as priority of	ation agreement or divorce		
Is the	e claim subject to offset?			Debts to pension or profit-sharing		:	
. Ø N	lo			Other Specify Medical	1		
— 🔲 Y	es			-	+		
	ional Educational Services			Last 4 digits of account number	1308		4.000.00
	iority Creditor's Name		· · · · · · · · · · · · · · · · · · ·		11/20/2008	\$	4,239.00
	W Monroe Street Suite 70	0		en was the dept incurred?			
Numb Chia	er Street Cago	IL	60606	.			
City	~~ y V	IL. State	ZIP Code	As of the date you file, the claim i	s: Check all that apply.		
,	incomed the debth of	*		Contingent			
	incurred the debt? Check one.			Unliquidated			
	ebtor 1 only			Disputed			
	ebtor 2 only ebtor 1 and Debtor 2 only			·			
	t least one of the debtors and another			Type of NONPRIORITY unsecur	ed claim:		
	The second accordance and another			Student loans			

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

 $f \Box$ Check if this claim is for a community debt

Is the claim subject to offset?

No.

Yes

Part 2:

Case 16-08173 Doc 1 Filed 03/09/16 Entered 03/09/16 15:42:36 Desc Main Justin Page 28 of as Sumber (if known)

Your NONPRIORITY Unsecured Claims — Continuation Page

ter listing any entries on this p	age, number the	m beginning wit	th 4.4, followed by 4.5, and so forth.	Total cla
Portfolio Recovery Asso	ciates		Last 4 digits of account number 2 5 2 2	\$ <u>819</u>
120 Corporation Blvd Si	uite 100		When was the debt incurred? 11/10/2014	
Number Street Norfolk	VA	23502	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check	one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only			■ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and	another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a	community debt		you did not report as priority claims	
Is the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit card	
☑ No			Other. Specify Credit Card	
Yes				
Check'N Go Nonpriority Creditor's Name			Last 4 digits of account number	\$ <u>600</u>
2317 S Cicero			When was the debt incurred? 02/15/2015	
Number Street				
Cicero	IL	60804	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check	nno.		Unliquidated	
Debtor 1 only	Dire.		☑ Disputed	
Debtor 2 only			Time of MOMPHODITY	
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	another		Student loans	
Check if this claim is for a	community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?	·		Debts to pension or profit-sharing plans, and other similar debts	
₩ No			Other. Specify Credit	
Yes				**00
SYNCB / Amazon			Last 4 digits of account number	_{\$} 569
Nonpriority Creditor's Name PO Box 965075 Number Street			When was the debt incurred? 10/24/2010	
Orlando	FL	32896	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check of	ine		Unliquidated	
Debtor 1 only			☑ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only				
At least one of the debtors and	nother		Student loans	
☐ Check if this claim is for a c	ommunity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?	,		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit	
☑ No ☑ Yes			- AIN, SPORT	

Debtor 1

Case 16-08173 Justin

Doc 1

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Part 3:

List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name				On which entry in Part 1 or Part 2 did you list the original creditor?
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of account number
City		State	ZIP Code	
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
Number	Street		***************************************	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
C/L				Claims Last 4 digits of account number
City		State	ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
THORING.				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Claims
City		State	ZIP Code	Last 4 digits of account number
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
			***************************************	Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number

Case 16-08173 Justin

Goins

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Debtor 1

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim	
Total claims	6	a. Domestic support obligations	6a.	\$	0.00
from Part 1	6t	 Taxes and certain other debts you owe the government 	6b.	\$	0.00
	60	 Claims for death or personal injury while you were intoxicated 	6c.	\$	0.00
	6d	Other. Add all other priority unsecured claims. Write that amount here.	6d.	† \$	0.00
	6е	. Total. Add lines 6a through 6d.	6e,	\$	0.00
				Total claim	
Total claims from Part 2	6f.	Student loans	6f.	\$	14,865.00
HOIN Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	13,291.00
	6j. ⁻	Fotal. Add lines 6f through 6i.	6j.	\$	28,156.00

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Fill in th	is information to ide	entify your case:			
Debtor	Justin		Goins		
	First Name	Middle Name	Łast Name	TT-0.000.000.00.00.00.00.00.00.00.00.00.00	
Debtor 2 (Spouse If fi	iling) First Name	Middle Name	Łast Name	Atlanda	
United Sta	ites Bankruptcy Court fo	r the: Northern District of	f Illinois 🔻	7	
Case num	ber		**************************************		
			W-10-1		Check if this is an amended filing
065		_			
	I Form 1060	 -			
Sche	dule G: Ex	recutory Co	ntracts and	Unexpired Leases	12/15
2. List se examp	 Check this box and is. Fill in all of the info eparately each persone, rent, vehicle leading ired leases. 	or company with wi	ourt with your other sched ne contracts or leases are nom you have the contra e instructions for this form	ules. You have nothing else to report on the listed on Schedule A/B: Property (Official act or lease. Then state what each contring the instruction booklet for more example State what the contract or lease	Form 106A/B). Fact or lease is for (for es of executory contracts and
Number	r Street				
City		State ZIP Code			
2.2					
Name					
Number	Street				
City		State ZIP Code			
2.3		Citate 21 Code			
Name					
Number	Street				
City		State ZIP Code			
.4					
Name					

Number

City

Name

Number

City

2,5

Street

Street

State

State

ZIP Code

ZIP Code

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Debtor 1 Justin Goins Debtor 2 Texture Note that Debtor 3 Debtor 2 Debtor 2 Debtor 2 Debtor 2 Debtor 2 Debtor 3 Debtor 2 Debtor 3 Debtor 2 Debtor 3	Fill in thi	s information to ident	ify your case:		
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Check if this is an amended filting Street Control Check if this is an amended filting Check if this out, and is an amended filting Ch	Dahin D	First Name		ame	
Check if this is a manable filtrocent. Check Continued Check		iling) First Name	Middle Name Last N	Bine	
Check if this is an armended filterown. Check Che	United Star	tes Bankruptcy Court for the	e: Northern District of Illinois	न	
Check if this is a manded filing	Case numb	ber		<u></u>	
Official Form 106H Schedule H: Your Codebtors 12/15 Schedule J: Your Schedule J: When J: Your Codebtors 12/15 Schedule J: Your Schedule J: Your Codebtors 12/15 Schedule J: Your Schedule J: Your Codebtors 12/15 Schedule J: Your Codebtor 13/16 Schedule J: Your Schedule J: Street 14/16 Schedule J: Your Schedule J: Street 15/16 Schedule J: Your Codebtor 15/16	(If known)				Chack if this is an
Ochedule H: Your Codebtors Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people of links begetter, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, as manufactive, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, as number (if known). Answer every queation. 1. Do you have any codebtors? (if you are filing a joint case, do not list either spouse as a codebtor.) No you have any codebtors? (if you are filing a joint case, do not list either spouse as a codebtor.) No you have any codebtors? (if you are filing a joint case, do not list either spouse as a codebtor.) No you have any codebtors? (if you are filing a joint case, do not list either spouse as a codebtor.) No you have any codebtors? (if you are filing a joint case, do not list either spouse as a codebtor.) No you have any codebtors? (if you are filing a joint case, do not list either spouse as a codebtor.) No you thave any codebtors, listed, Louisiana, Nevada, New Mexico, Puerto Rico, Taxas, Washington, and Wisconsin.) No Yes. Id your spouse, former spouse, or legal equivalent live with you at the time? No Yes. In which community state or territory did you live?					
odebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. It two married people of filing logether, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill if out, all number the entires in the boxes on the left. Aftach the Additional Page to this page. On the top of any Additional Pages, fill if out, all number of the entires in the boxes on the left. Aftach the Additional Page to this page. On the top of any Additional Pages, write your name an ase number (if known), Answer every question. Do you have any codebtors? (if you are filing a joint case, do not list either spouse as a codebtor.) No go to line 3. Which the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Artzone, California, Idaho, Louislana, Novada, Now Mexico, Puorto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Yes, Did your spouse, former spouse, or legal equivalent live with you at the time? Name of your spouse, former spouse, or legal equivalent Name of your spouse, former spouse, or legal equivalent Name of your spouse, former spouse, or legal equivalent Name of your spouse, former spouse, or legal equivalent Name of your spouse, former spouse, or legal equivalent Name of your spouse, former spouse, or legal equivalent Name of your spouse, former spouse, or legal equivalent Name of your spouse, former spouse, or legal equivalent Name of your spouse, former spouse, or legal equivalent Name of your spouse, former spouse, or legal equivalent Name of your spouse, former spouse, or legal equivalent Name of your spouse, former spouse, or legal equivalent Name of your spouse, former spouse, or legal equivalent Name of your spouse, former spouse, or legal equivalent Name of your spouse, former spouse, or legal equivalent Name of your spouse, former spouse, or legal equivalent Column 1, ist all of your codebtors. Do no	Officia	I Form 106H			•
odeblots are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people or entities the charter, both are equally responsible for supplying contect information. If more space is needed, copy the Additional Page, fill it out, not number the entries in the boxes on the left. Attach the Additional Page to hits page. On the top of any Additional Pages, fill it out, not number the entries in the boxes on the left. Attach the Additional Pages to hits page. On the top of any Additional Pages, write your name an as number (if known). Answer over you question. 1. Do you have any codebtors? (if you are filing a joint case, do not list either spouse as a Codebtor.) 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Azizona, California, Idaho, Louisiana, Nevada, New Mexico, Pusrto Rico, Texas, Washington, and Wisconsin.) 3. No. Go to line 3. 4. Yes. Did your spouse, former spouse, or logal equivalent live with you at the time? 4. No. Which community state or termiory did you live? 5. Fill in the name and current address of that person. 5. No. The name and current address of that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule Er. 5. Schedule Er. or Schedule G to fill out Column 2. Column 1: Your codebtor Column 1: Your codebtor Column 2: The creditor to whom you owe the debt Check all schedules that apply. Name Street City Shale Schedule C., line	3che	dule H: You	r Codebtors		12/15
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Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Artzona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Toxas, Washington, and Wisconsin.) ✓ No. Go to line 3. ☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? ☐ No ☐ Yes. In which community state or territory did you live? ☐ No. ☐ Yes. In which community state or territory did you live? ☐ Fill in the name and current address of that person. Name of your spouse, former spouse, or legal equivalent ☐ No. ☐ Yes. In which community state or territory did you live? ☐ Fill in the name and current address of that person. Name of your spouse, former spouse, or legal equivalent ☐ Number Stoet ☐ Fill in the name and current address of that person. Name of your spouse, former spouse, or legal equivalent ☐ Fill in the name and current address of that person. Name of your spouse, former spouse, or legal equivalent ☐ Fill in the name and current address of that person. Fill in the name and current address of that person. Fill in the name and current address of that person. Fill in the name and current address of that person. Fill in the name and current address of that person. Fill in the name and current address of that person. Fill in the name and current address of that person. Fill in the name and current address of that person. Fill in the name and current address of that person. Fill in the name and current address of that person. Fill in the name and current address of that person. Fill in the name and current address of that person. Fill in the name and current address of that person. Fill in the name and current address of that person. Fill in the name and current address of that person. Fill in the name and current address of that person. Fill in the name and current address of that person. Fill in the name and current address of that person. Fill in the name and current address of that person. Fill in	1. Do you	i have any codebtors?	(If you are filing a joint case, do no	t list either spouse a	s a codebtor.)
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Yes. In which community state or territory did you live? Name of your spouse, former spouse, or legal equivalent	L Yes	s. Did your spouse, form	ner spouse, or legal equivalent live t	vith you at the time?	
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Number Street Street	سا	Yes. In which communi	ty state or territory did you live?	***************************************	Fill in the name and current address of that person.
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City State ZIP Code Schedule G, line	Name				Schedule D, line
City State ZIP Code Name Street State ZIP Code Number Street State ZIP Code City State ZIP Code Schedule D, line Schedule G, line Schedule E/F, line Schedule E/F, line Schedule E/F, line Schedule E/F, line Schedule G, line	Number	Street			
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Name Schedule D, line Schedule E/F, line Schedule G, line Schedule G, line			State	ZIP Code	
Number Street Schedule E/F, line Schedule G, line	J				Schedule D. line
Schedule G, line					
Cib	Number	Street			
	City		State	ZIP Code	Administrating (Administrating

Fill in this in	nformation to identif	y your case:				
Debtor 1	Justin	Go	oins			
Debtor 2	First Name	Middle Name	Last Name	· · · · · · · · · · · · · · · · · · ·		
(Spouse, if filing)		Middle Name	Łast Name			
		Northern District of Illinois	<u>L.</u>	<u></u>		
Case number (If known)			•		Check if	
						mended filing
O60-:	4001				incor	pplement showing postpetition chapter 13 ne as of the following date:
Official Fo		-			MM /	DD / YYYY
Sched	lule I: You	ur Income				12/15
If you are sep separate shee	arated and your spo	ou are married and not hiuse is not filling with you, a top of any additional pa	ing jointly, and j	your spe	ouse is living with	tor 2), both are equally responsible for you, include information about your spouse ouse. If more space is needed, attach a known). Answer every question.
Fill in your informatio			Debtor 1			Debtor 2 or non-filing spouse
attach a se	more than one job, parate page with about additional	Employment status	☑ Employed ☑ Not emplo			☐ Employed ☐ Not employed
Include par self-employ	t-time, seasonal, or red work.		Security Off	icor		_ marshipoyed
Occupation or homema	may include student ker, if it applies.	Occupation	Security Off	icei		
		Employer's name	Premier Sec	curity L	LC	
		Employer's address	8750 W Bryn		Ave Ste 1000	Number Street
						Number Street
			Chicago		IL 60631	
			City	State	ZIP Code	City State ZIP Code
		How long employed then	re? 2 years	***		2 years
Part 2: G	iive Details About	Monthly Income				
Estimate m	onthly income as of ss you are separated.	the date you file this form	. If you have noth	hing to re	port for any line, w	rite \$0 in the space, Include your non-filing
If you or you below. If you	r non-filing spouse ha i need more space, at	ve more than one employer tach a separate sheet to thi	r, combine the info	formation	for all employers for	or that person on the lines
					For Debtor 1	For Debtor 2 or non-filing spouse
 List month deductions) 	iy gross wages, sala). If not paid monthly, o	ry, and commissions (bef calculate what the monthly	fore all payroll wage would be.	2.	\$ 2,084.00	\$
3. Estimate a	nd list monthly overt	ime pay.		3. 1	\$0.00	+ \$
4. Calculate g	ross income. Add lin	e 2 + line 3.		4.	\$ 2,084.00	\$

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Last Name

Debtor 1

Copy line 4 here	_		Debtor 1	For Deb non-filin	itor 2 or ig spouse		
	→ 4.	\$	2,084.00	\$			
5. List all payroll deductions:							
5a. Tax, Medicare, and Social Security deductions	5a	. \$	282.00	\$			
5b. Mandatory contributions for retirement plans	5b	·. \$	0.00				
5c. Voluntary contributions for retirement plans	5c.	. \$	0.00				
5d. Required repayments of retirement fund loans	5d	. \$	0.00				
5e. Insurance	5e.	. \$	0.00		~		
5f. Domestic support obligations	5f,	\$	0.00				
5g. Union dues	5g.	. \$	90.00				
5h. Other deductions. Specify:	5h.	+\$	0.00	+ s			
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	372.00	_			
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ <u> 1</u>	1,712.00	\$			
8. List all other income regularly received:							
8a. Net income from rental property and from operating a business, profession, or farm							
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$			
8b. Interest and dividends	8b.	\$	0.00	\$			
8c. Family support payments that you, a non-filing spouse, or a depender regularly receive	nt	*		Ψ			
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$			
8d. Unemployment compensation	8d,	\$	0.00	\$			
8e. Social Security	8e.	\$	0.00	\$			
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$			
Ra Banaian an matterna at t				·			
	8g.	\$	0.00	\$			
	8h.	+\$	0.00	+\$	·		
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	0.00	\$			
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.		712.00	\$	0.00	= s	1,712.00
11. State all other regular contributions to the expenses that you list in Schedu Include contributions from an unmarried partner, members of your household, yo friends or relatives.	ur de	ependents					
Do not include any amounts already included in lines 2-10 or amounts that are no Specify:	ot ava	ailable to p	oay expense	es listed in Sc	hedule J.		
Specify:				-	11. 🕈	\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The re Write that amount on the Summary of Your Assets and Liabilities and Certain Sta	sult i tistic	s the com al Informa	bined montl tion, if it app	nty income. Dies	12.	\$	1,712.00
13. Do you expect an increase or decrease within the year after you file this for No. Yes. Explain:	m?					Comb	oined hly income

Fill in this information to ider	ntify your case:				
Debtor 1 Justin First Name Debtor 2 (Spouse, if filing) First Name	Goins Middle Name Last Name Middle Name Last Name	Check if t	his is: ended filing		
United States Bankruptcy Court for		☐ ☐ A supp		stpetition chapter 13	
Case number (If known)			D/ YYYY	•	
Official Form 106J	and the same of th				
	our Expenses			12/15	
(if known). Answer every questi		ling together, both are equally and the top of any additional	esponsible for suppt pages, write your nar	ying correct ne and case number	
Parities Describe Your F	lousehold				
 Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in 	3 congrate households				
☐ No	t file Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.			
Do you have dependents? Do not list Debtor 1 and Debtor 2.	No Yes, Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?	
Do not state the dependents' names.	o not state the dependents' Daughter		3	☐ No ☑ Yes	
		Son	3 month	No Yes	
				☐ Yes ☐ No ☐ Yes	
. Do your expenses include	2 No			☐ No ☐ Yes	
expenses of people other than yourself and your dependents'	Yes				
and a successful of the succes	oing Monthly Expenses				
expenses as of a date after the baseplicable date.	ur bankruptcy filing date unless you ar ankruptcy is filed. If this is a suppleme	e using this form as a supplem ntal Schedule J, check the box	ent in a Chapter 13 c at the top of the form	ase to report and fill in the	
nclude expenses paid for with no such assistance and have include	on-cash government assistance if you ed it on Schedule I: Your Income (Offic	know the value of ial Form 106L)	Your expen	nses	
 The rental or home ownership any rent for the ground or lot. 	expenses for your residence. Include f	irst mortgage payments and	4. \$	825.00	
If not included in line 4:					
4a. Real estate taxes			4a. \$	0.00	
4b. Property, homeowner's, or			4b. \$	0.00	
4c. Home maintenance, repair,			4c. \$	0.00	
 4d. Homeowner's association of 	or condominium dues		4.4 (*)	0.00	

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Debtor 1

Justin First Name

Middle Name

Goins Last Name

Case number (if known)_

		Your expenses			
	5. Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00	
	6. Utilities:	Ū.			
	6a. Electricity, heat, natural gas	6a.	œ	60.00	
	6b. Water, sewer, garbage collection	6b.	\$ \$	***************************************	
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c,	\$		
	6d. Other. Specify:	6d,	\$	_	
7	7. Food and housekeeping supplies	7.	\$	000.00	
٤	Childcare and children's education costs	8.	\$	<u> </u>	
9	Clothing, laundry, and dry cleaning	9.	\$ \$		
10	Personal care products and services	10.	\$ \$		
11	Medical and dental expenses	11,	\$		
12	The first the monage gas, maintenance, bus or train rare.	* * *	¥ <u></u>		
	Do not include car payments.	12.	\$	130.00	
13.	magazines, and books	13.	\$	60.00	
14.	Charitable contributions and religious donations	14.	\$	20.00	
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.				
	15a. Life insurance	15a.	\$	0.00	
	15b. Health insurance	15b.	\$		
	15c. Vehicle insurance	15c.	\$	0.00	
	15d. Other insurance. Specify:	15d.	\$	0.00	
16,	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00	
17.	Installment or lease payments:				
	17a. Car payments for Vehicle 1	17a.	\$	0.00	
	17b. Car payments for Vehicle 2	17b.	\$	0.00	
	17c. Other. Specify:	17c.	\$	0.00	
	17d. Other. Specify:	17d.	\$	0.00	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18,	\$	0.00	
19.	Other payments you make to support others who do not live with you.				
	Specify:	19.	\$	0.00	
	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom				
	20a. Mortgages on other property	20a.	\$	0.00	
	20b. Real estate taxes	20b.	\$		
	20c. Property, homeowner's, or renter's insurance	20c.	\$		
	20d. Maintenance, repair, and upkeep expenses	20d.	\$		
	20e. Homeowner's association or condominium dues	20e.	\$		
					

Entered 03/09/16 15:42:36 Case 16-08173 Doc 1 Filed 03/09/16 Desc Main Document Page 37 of 53 Justin Debtor 1 Goins Case number (if known) Middle Name 21. Other. Specify: 0.00 21, 22. Calculate your monthly expenses. 22a. Add lines 4 through 21. 22a. 2,020.00 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. 0.00 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. 2,020.00 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 1,712.00 23a. 23b. Copy your monthly expenses from line 22c above. 2,020.00 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. -308.00 23c. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? Mo. Yes.

Explain here:

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Fill in this in	formation to id	dentify your case:		
Debtor 1	Justin First Name		Goins	
Debtor 2		Middle Name	Last Name	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court	for the: Northern District of Illin	nois	•
Case number (If known)	**************************************			

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below		
Did you pay or agree to pay someone will No Yes. Name of person Cecil Davis	າວ is NOT an attorney to help y	ou fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I I that they are true and correct.	have read the summary and sc	hedules filed with this declaration and
Signature of Debtor 1	Signature of Debt	or 2
Date 03 05 20/6	Date	YYYY

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Fill in this in	formation to ide	entify your case:		rage
Debtor 1	Justin	Goins		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Sankruptcy Court fo	or the: Northern District of Illinois		V
		or the transfer blother of thinles		
Case number (# known)				
(B KBOWE)				

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: i

List Your Creditors Who Have Secured Claims

Information also are all the state of the st		
Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: NONE	☐ Surrender the property.	☐ No
Description of	Retain the property and redeem it.	Yes
property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	
Creditor's name:	☐ Surrender the property.	☐ No
Description of	Retain the property and redeem it.	☐ Yes
property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	
name:		□ No
Description of property securing debt:	Retain the property and redeem it.Retain the property and enter into a Reaffirmation Agreement.	Yes
	Retain the property and [explain]:	
Creditor's	Surrender the property.	□ No
name:	Retain the property and redeem it.	
Description of property	Retain the property and enter into a	Yes
securing debt:	Reaffirmation Agreement.	
	Retain the property and [explain]:	

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Debtor 1

Justin First Name

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Part 2:

List Your Unexpired Personal Property Leases

Last Name

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property le

berse	order property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).
Describe your unexpired personal property	y leases Will the lease be assumed?
Lessor's name:	□ No
Description of leased property:	☐ Yes
Lessor's name:	□ No
Description of leased property:	☐ Yes
Lessor's name:	П.,
Description of leased property:	☐ No ☐ Yes
Lessor's name:	□ No
Description of leased property:	Yes
Lessor's name:	□ No
Description of leased property:	☐ Yes
Lessor's name:	☐ No
Description of leased property:	☐ Yes
Lessor's name:	□ No
Description of leased property:	☐ Yes
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
13:1 Sign Below	
nder penalty of perjury, I declare that I have ersonal property that is subject to an unexp	indicated my intention about any property of my estate that secures a debt and any pired lease.
Metr Des	*
Ignature of Debtor 1	Signature of Debtor 2
Date 03 05 Zo/6	Date MM / DD / YYYY

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Debtor 1		entify your case:		보기는 등으로		
	Justin First Name		Goins			
Debtor 2	rasilvame	Middle Name	Last Name			
	filing) First Name	Middle Name	t.ast Name			
Inited Sta	ates Bankruptcy Court f	or the: Northern District o	f Illinois			
ase num If known)	nber		Market and the second s		;	
					!	Check if this is a amended filing
	al Form 107 ment of Fi	- nancial Affa	irs for Indivi	iduals Filing	for Bankruptc	y 12/
Unitatio	f known). Answer e	needed, aπach a sepa	rate sheet to this forn	n. On the top of any add	ally responsible for supply litional pages, write your n	ing correct ame and case
. What i	is your current mar					
U Ma Ø No	arned ot married					
	Debtor 1:	es you lived in the last 3		Debtor 2:		Dates Debtor 2 lived there
				Same as Debtor 1		Same as Debtor
	1426 S Cicero A	upt 2H		Same as Debtor 1		Same as Debtor
****	1426 S Cicero A Number Street	pt 2H	From 01/20/2008 To 03/09/2016	Same as Debtor 1 Number Street		Same as Debtor From To
-	Number Street		From 01/20/2008			From
-		IL 60804 State ZIP Code	From 01/20/2008		State ZIP Code	
-	Number Street Cicero	IL 60804	From 01/20/2008 To 03/09/2016	Number Street City	State ZIP Code	From
-	Number Street Cicero	IL 60804	From 01/20/2008 To 03/09/2016	Number Street	State ZIP Code	From
-	Number Street Cicero	IL 60804	From 01/20/2008 To 03/09/2016	Number Street City Same as Debtor 1	State ZIP Code	From
· · · · · · · · · · · · · · · · · · ·	Number Street Cicero City	IL 60804	From 01/20/2008 To 03/09/2016	Number Street City	State ZIP Code	FromTo
- - - - -	Number Street Cicero City Number Street	IL 60804 State ZIP Code	From 01/20/2008 To 03/09/2016	Number Street City Same as Debtor 1 Number Street		From Same as Deblor From
T T	Number Street Cicero City Number Street	IL 60804 State ZIP Code State ZIP Code	From 01/20/2008 To 03/09/2016 From To	Number Street City Same as Debtor 1 Number Street City	State ZIP Code	From To Same as Deblor from To
Within states a	Number Street Cicero City Number Street	IL 60804 State ZIP Code State ZIP Code	From 01/20/2008 To 03/09/2016 From To	Number Street City Same as Debtor 1 Number Street City		From To Same as Deblor From To
Within states a	Number Street Cicero City Number Street City the last 8 years, die and territories include	IL 60804 State ZIP Code State ZIP Code d you ever live with a sign of the property of the pr	From 01/20/2008 To 03/09/2016 From To Pouse or legal equivale, Louisiana, Nevada,	Number Street City Same as Debtor 1 Number Street City City ient in a community pro New Mexico, Puerto Ric	State ZIP Code	From To Same as Debtor * From To
Within states a	Number Street Cicero City Number Street City the last 8 years, die and territories include	IL 60804 State ZIP Code State ZIP Code	From 01/20/2008 To 03/09/2016 From To Pouse or legal equivale, Louisiana, Nevada,	Number Street City Same as Debtor 1 Number Street City City ient in a community pro New Mexico, Puerto Ric	State ZIP Code	From To Same as Debtor * From To

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Debtor 1	Justin First Name Middle Name Las	Goins	Case nu	mber (if known)	
	Automa Mattha T9	st Name		-	
If y	I you have any income from employme in the total amount of income you receive ou are filing a joint case and you have income. No Yes. Fill in the details.	ed from all jobs and all bus	inesses, including part-ti	me activities	endar years?
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating a business	\$3,308.00	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
	For last calendar year: (January 1 to December 31,2015	Wages, commissions, bonuses, tips Operating a business	\$15,777.00	Wages, commissions, bonuses, tips Operating a business	\$
	For the calendar year before that: (January 1 to December 31, 2014	Wages, commissions, bonuses, tips Operating a business	\$	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
gam List		nents; pensions; rental inco g a joint case and you have	ome; interest; dividends; e income that you receive	money collected from laws d together, list it only once	uits: royaltice: and
_	Yes. Fill in the details.	Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:			TOTALL	\$
					\$ \$
	For last calendar year:		\$		\$
	(January 1 to December 31,2015)	5	<u> </u>		т
	For the calendar year before that:		<u> </u>		\$
	(January 1 to December 31,2014)				\$

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Debtor 1	Justin First Name Middle Name	Goins Last Name	\$	Case	number (# known)	
	1					
Part 3:	List Certain Payme	nts You Made Befo	re You Filed	l for Bankruptcy		
	Was Bakes at a Bake					
	ther Debtor 1's or Debto	•				
LI N	"incurred by an individe	ual primarily for a person	nal, family, or	household purpose."	re defined in 11 U.S.C. § 10	1(8) as
		ore you filed for bankru	ptcy, did you p	ay any creditor a total o	f \$6,225* or more?	
	No. Go to line 7.					
	totai amount y	ou paid that creditor, Di	o not include r	\$6,225* or more in one payments for domestic soments to an attorney for	or more payments and the upport obligations, such as	
					after the date of adjustment.	
Ø Y€	es. Debtor 1 or Debtor 2 o					
				ay any creditor a total of	\$600 or more?	
	☑ No. Go to line 7.					
	Yes list helow ear	h craditor to whom you	naid a tatal af	PC00 on many and the te	otal amount you paid that	
	creditor. Do no	ot include payments for	domestic supr	port obligations, such as bort obligations, such as by for this bankruptcy ca	child support and	
			Dates of payment	Total amount paid	Amount you still owe	Was this payment for
				\$	\$	☐ Mortgage
	Creditor's Name					Car
	Number Street					Credit card
						Loan repayment
	-					☐ Suppliers or vendors
	City	State ZIP Code				Other
				\$	\$	☐ Mortgage
	Creditor's Name					☐ Car
	Number Street					Credit card
						Loan repayment
						☐ Suppliers or vendors
	City	State ZIP Code				Other
				\$	\$	D
	Creditor's Name	**************************************		*	***************************************	☐ Mortgage ☐ Car
	Number Street					☐ Car ☐ Credit card
	Number Street					Loan repayment
						Suppliers or vendors
	City	State ZIP Code				Other
	Gity	State ZIP Code				~~;

City

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ebtor 1	Justin First Name	Goin Middle Name Last Name	ıs	···	Case number (if known)	
	, natively, na	Least registe				
Insi con age	iders include you porations of white ent, including one has child suppo	re you filed for bankruptcy, did y ur relatives; any general partners; r ch you are an officer, director, pers e for a business you operate as a s ort and alimony.	relatives of any son in control, c	general partners; por owner of 20% or	partnerships of which more of their voting	th you are a general partner; securities; and any managing
		ments to an insider.	Dates of payment	Total amount paid	Amount you still	Reason for this payment
				\$	\$	
	Insider's Name		***************************************	Υ	Ψ	
	Number Street					
	City	State ZIP Gode	-			
				\$	\$	
	Insider's Name		- ALLEN COLOR AND ALLEN AN			
	Number Street		- 			

	City	State ZIP Code				
8. With	iin 1 year befor nsider?	e you filed for bankruptcy, did y	ou make any p	payments or trans	fer any property o	n account of a debt that benefited
		n debts guaranteed or cosigned by	an insider.			
다 · 전 :		ments that benefited an insider.				
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
	Insider's Name		**************************************	\$	\$	
	Number Street					

	City	State ZIP Code				
	Insider's Name			\$	\$	
	Number Street					

City

State

ZIP Code

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Debtor 1	JUSTIN First Name Middle Name	Goins	Case number (if known)	
	First Name Middle Name	i.asi Name		
David 4				
Part 4:		Repossessions, and Foreck		
List a	Ill such matters, including perso contract disputes.	nal injury cases, small claims action	any lawsuit, court action, or administrative proc ons, divorces, collection suits, paternity actions, sup	eeding? pport or custody modification
□ N ☑ Y	o es. Fill in the details,			
		Nature of the case	Court or agency	Status of the case
,	_{Case title} Judgement	Civil judgement	Markham 6th District	Pending
`	odse tale	***************************************	Court Name	On appeal
-		ARRAMATINA	16501 S Kedize Number Street	Concluded
(Case number 14M6002143	Antidential design of the state	Markham IL 6042 City State ZIP Code	26
			Circuit Court Court Cook	
(Case title Judgement	AMERICAN AND AND AND AND AND AND AND AND AND A	Court Name	Pending
		COMMANDAM MATERIAL PROPERTY.	1500 Maybrook Drive	On appeal Concluded
c	Case number 20154006037	MINIMA MINIMA AND AND AND AND AND AND AND AND AND AN	Maywood IL	
•			City State ZIP Code	MANAGEM ANALONIS OF THE STATE O
∐ Ye	es. Fill in the information below.	Describe the p	operty Date	Value of the property
	Creditor's Name			\$
	Number Street	Explain what h		
			vas repossessed.	
		Property v	vas foreclosed.	
	City State		vas garnished. vas attached, seized, or levied.	
		Describe the pr		Value of the property
				\$
	Creditor's Name			
	Number Street	Explain what ha	ppened	
			/as repossessed.	
		Property w	vas foreclosed. vas garnished.	
	City State	: ZIP Code	as attached, seized, or levied.	

Case 16-08173 Doc 1 Filed 03/09/16 Entered 03/09/16 15:42:36 Document Page 46 of 53 Justin Goins Debtor 1 Case number (if known)_ 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? **Ø** No Yes. Fill in the details. Describe the action the creditor took **Date action** Amount was taken Creditor's Name \$ Number Street State ZIP Code Last 4 digits of account number: XXXX-____ 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? M No ☐ Yes Part 5: **List Certain Gifts and Contributions** 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you ____ Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift Number Street City State ZIP Code

Person's relationship to you _

Document Page 47 of 53 Justin Goins Debtor 1 Case number (if known) First Name 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities Describe what you contributed Date you Value that total more than \$600 contributed Charity's Name Street Number City State ZIP Code Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? M No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: **List Certain Payments or Transfers** 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No. Yes, Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was Person Who Was Paid made Number Street City ZIP Code Email or website address Person Who Made the Payment, if Not You

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Case 16-08173 Doc 1 Filed 03/09/16 Entered 03/09/16 15:42:36 Desc Main Document Page 48 of 53 Justin Goins Debtor 1 Case number (if known)_ First Name Description and value of any property transferred Date payment or Amount of transfer was made payment Person Who Was Paid Number Street City ZIP Code Email or website address Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was made Person Who Was Paid Number Street ZIP Code 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. ☐ Yes. Fill in the details. Description and value of property Describe any property or payments received Date transfer transferred or debts paid in exchange was made

E No

Person Who Received Transfer Number Street City Person's relationship to you _ Person Who Received Transfer Number Street State ZIP Code Person's relationship to you _

Document Page 49 of 53 Justin Goins Debtor 1 Case number (# known) First Name 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) M No Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. M No Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before instrument closed, sold, moved, closing or transfer or transferred Name of Financial Institution XXXX-☐ Checking Savings Number Street Money market ☐ Brokerage City State ZIP Code Other_ ☐ Checking Name of Financial Institution Savings Money market ☐ Brokerage Other State ZIP Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? ₩ No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? O No ☐ Yes Name of Financial Institution Name Number Street Number Street City State ZIP Code City State ZIP Code

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Debtor 1	Justin		Goins	Case number (if known)	
	First Name	Middle Name La	st Name		
22. Have y	you stored prop -	erty in a storage unit	or place other than your home w	vithin 1 year before you filed for bankruptcy?	?
_	o es. Fill in the de	toile			
	ss. i m in the de	ians.	Who else has or had access to it?	? Describe the contents	Do you still
			Title side flad of flad doods to k	t Describe the contents	have it?
					□ No
Ī	Name of Storage Fac	cility	Name		☐ No ☐ Yes
					— 163
j	Number Street		Number Street	AMANDA AMAN AMAN AMAN AMAN AMAN AMAN AMA	
		·····	-		
			CityState ZIP Code		
7	City	State ZIP Code			
Part 9:	Identify	Property You Hold	or Control for Someone Else		
			someone else owns? Include any	property you borrowed from, are storing fo	Γ,
_	old in trust for s	omeone.			
Ø N	o es. Fill in the de	-4-:1-			
	es. Fill III tile Qe	ridiis.	Million in Alexander	D	
			Where is the property?	Describe the property	Value
•					\$
ì	Owner's Name				
	Owner's Name Number Street		Number Street	A A A A A A A A A A A A A A A A A A A	
			Number Street		
i -		State ZIP Code		ZIP Code	
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btor 1	Justin		Goins	Case number (if known)	
	First Name	Middle Name	Last Name		
5. Hav	e you notified a	any governmental u	nit of any release of hazardous mater	ial?	
Ø	No				
	Yes. Fill in the	details.			
			Governmental unit	Environmental law, if you know it	Date of notice
	Name of site		Governmental unit	_	
	Number Street				
	HUMBER SUBBL		Number Street		
			City State ZIP Code	-	
	City	State ZIP Cod	e		
. Have	you been a pa	arty in any iudicial o	r administrative proceeding under ar	y environmental law? Include settlements	and orders
2 :				,	ulla oldels.
	Yes. Fill in the	details.			
			Court or agency	Nature of the case	Status of the
			3 ,		case
•	Case title	***************************************		-	Pending
			Court Name		On appea
-			Number Street		Conclude
					Conclude
Č	Case number		City State ZiP Co	 de	
	<u></u>				
(((A sole prop A member o A partner in	rietor or self-employ If a limited liability c a partnership	ed in a trade, profession, or other ac ompany (LLC) or limited liability part	ave any of the following connections to a tivity, either full-time or part-time nership (LLP)	ny business <i>t</i>
			g executive of a corporation		
Ĺ	An owner of	at least 5% of the v	oting or equity securities of a corpor	ation	
Z v	lo. None of the	above applies. Go t	o Part 12.		
□ Y	es. Check all t	hat apply above and	fill in the details below for each bus	iness.	
			Describe the nature of the busines		
	Business Name			Do not include Social Se	curity number or ITIN.
				EIN:	
	Number Street		Name of annual and an inches		
			Name of accountant or bookkeepe	r Dates business existed	
				From To	
	City	State ZIP Code	<u> </u>		·····
			Describe the nature of the busines	s Employer Identification n	umber
	Business Name			Do not include Social Sec	curity number or ITIN.
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				Enc.	
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Debtor 1	Justin		Goins	Goins Case number (# known)	
	First Name Middle Name Last		Name		
			B	Employer Identification number	
			Describe the nature of the business	Do not include Social Security number or ITIN.	
	Business Name			·	
				EIN:	
	Number Street		. Nome of consumtent or brailing	Detection to the state of	
			Name of accountant or bookkeeper	Dates business existed	
				From To	
	City	State ZIP Code			
	itutions, credito	re you filed for bankrup ors, or other parties.	otcy, did you give a financial staten	nent to anyone about your business? Include all financial	
	Yes. Fill in the c	letails below.			
			Date issued		
	-				
	Name		MM / DD / YYYY		
	Number Street				
	***************************************	V-2-14-14-14-14-14-14-14-14-14-14-14-14-14-			
	City	State ZiP Code			
Part 1	Sign Beic	w			
ans in d	swers are true a connection with	ınd correct. I understan	d that making a false statement, co	hments, and I declare under penalty of perjury that the oncealing property, or obtaining money or property by fraud imprisonment for up to 20 years, or both.	
			~		
×	Vint	and for	x		
	Signature of Deb	tor 1	Signature of Debtor	72	
	1 1		-		
	Date 31/5 \ 7	ll o	Date		
	you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?				
	70- amon administrative pages to 1001 otalement of rinancial Arian's for individuals rining for parixrupicy (Official Form 107)?				
U	No				
	Yes				
nia	you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?				
		ee to pay someone who	o is not an attorney to neip you fill (out pankruptcy forms?	
		Cacil Davis			
M	Yes. Name of pe	erson Cecil Davis		Attach the Bankruptcy Petition Preparer's Notice,	
				Declaration, and Signature (Official Form 119).	

Case 16-08173 Doc 1 Filed 03/09/16 Entered 03/09/16 15:42:36 Desc Main **Document** Page 53 of 53 Fill in this information to identify your case: Justin Goins Debtor 1 First Name Middle Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (If known) Check if this is an amended filing Official Form 106Dec **Declaration About an Individual Debtor's Schedules** 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? O No Yes. Name of person Cecil Davis Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

Signature of Debtor 1

Date 03/05/20/6

Signature of Debtor 2

Date _____